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Attorney Docket No. 24299-524 CON

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

FIRST NAMED INVENTOR: Nicklin *et al.*

FOR: THE IL-1 GENE CLUSTER AND ASSOCIATED INFLAMMATORY  
POLYMORPHISMS AND HAPLOTYPES

**MAIL STOP PATENT APPLICATION**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**REQUEST FOR FILING A NONPROVISIONAL APPLICATION  
UNDER 37 C.F.R. §1.53(b)**

1. This is a request for filing a continuation patent application under 37 C.F.R. §1.53(b). This application is a continuation of USSN 10/351,702, filed January 27, 2003, which claims priority to U.S. Provisional Application No. 60/351,951, filed January 25, 2002.
2. This application is a total of 97 pages. This application includes:
  - 53 pages of specification (not including claims, abstract, or figures)
  - 6 pages of claims
  - 1 page of abstract
  - 37 pages of figures (Figures 1-19)
3. A Combined Declaration/Power of Attorney from USSN 10/351,702 (executed by Nicklin, Duff, and Kornman) (2 counterparts, 4 pgs. each).
4. Fees associated with this application have been calculated as follows:



FIRST-NAMED INVENTOR: Nicklin *et al.*  
Request for a Nonprovisional Application (37 C.F.R. §1.53(b))

| CLAIMS AS FILED   |                 |                        |                 |  |  |
|---|-----------------|------------------------|-----------------|--|--|
| Claims  | Number<br>Filed | Basic Fee<br>Allowance | Number<br>Extra | Rate   | Basic Fee<br>37 C.F.R. 1.16(a)<br>\$770.00 |
| Total Claims (37 C.F.R. 1.16(c))                              | 50              | - 20 =                 | 30              | \$18.00                                      | \$ 540.00                                  |
| Independent Claims (37 C.F.R.<br>1.16(b))                     | 6               | - 3 =                  | 3               | \$86.00                                      | \$ 258.00                                  |
| Multiple Dependent Claim(s), if<br>any<br>(37 C.F.R. 1.16(d)) | 11              |                        |                 | \$290.00                                     | \$ 290.00                                  |
|   |                 |                        |                 | SUBTOTAL:                                    | \$1,858.00                                 |
|   |                 |                        |                 | Reduction by 50% for filing by small entity: | \$   |
|   |                 |                        |                 | <b>TOTAL FEE:</b>                            | <b>\$1,858.00</b>                          |

5. A check (#17569) in the amount of **\$1,858.00** is enclosed. The Commissioner is authorized to charge any additional fees due, or credit overpayments, to Deposit Account No. 50-0311, Ref. No. 24299-524 CON.

6. A return receipt postcard is enclosed.

Respectfully submitted,

*for* Janine M. Susan, Reg. No. 46,119  
for R. Elrifi, Reg. No. 39,529  
Naomi S. Biswas, Reg. No. 38,384  
Attorney for Applicants  
MINTZ, LEVIN, COHN, FERRIS,  
GLOVSKY AND POPEO, P.C.  
One Financial Center  
Boston, Massachusetts 02111  
Tel: (617) 542-6000  
Fax: (617) 542-2241

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